



NIACOG
HOUSING TRUST FUND, INC.

HOUSING REPAIR PROGRAM HOMEOWNER APPLICATION

1. Property Owner(s): _____
(first name, middle initial, last name)
2. Complete Address Of Owner – Assistance is currently limited to homes in Cerro Gordo County. _____
(Street Address, PO Box, City, State, Zip, County)
3. Telephone Number(s): _____
4. E-mail Address: _____
5. Current Residency Status: US Citizen Permanent Resident Alien Other _____
6. Marital Status: Single Married Other _____
7. Is The Property Being Purchased with: Bank Loan Purchase On Contract Paid in Full.
If bank loan or purchasing on contract, list name of bank or contract seller & Address:

8. What type of repair or handicapped accommodation are you requesting?

9. Do you own AND live in the home to be repaired? Yes (required) No
10. Are your home loan (or contract purchase) payments current? Yes (required) No
11. Do you have homeowner's insurance? Yes (required) No
12. Is your home a mobile home? Yes No
(Mobile Homes are solely eligible for furnace and hot water heater projects.)
13. Do children under 6 years of age live in your home OR regularly visit at least twice a week for at least 3 hours/day for a total of at least 60 hours per year (priority status)? Yes No
If yes, please list names and ages: _____

14. Is someone in your household over 62 years of age? Yes (priority status) No
15. Does someone in your household have a disability? Yes (priority status) No
16. Have you received assistance from the Housing Repair Program? Yes No



NIACOG HTF
525 6th St. SW
Mason City, IA 50401
Phone: 641-423-0491
Fax: 641-423-1637
E-mail: mnelson@niacog.org

Income Information

Please list **all** persons who will be occupants in the home for the next 12 months. For any dependents of 18 years of age or older, please indicate if they are **full time** students. Be sure to include all property owners listed on the deed/title even if they do not live in the home.

List all in household (adults/children/unborn)	Date of Birth	Gender (M or F)	Race/Ethn. (See Below)	Employer/School (*indicate if full time student?)

Race/Ethnicity: 1-White (non-Hispanic) 2-Hispanic 3-Black(non-Hispanic) 3-Native American 4-Asian

INCOME SOURCES*: When completing the income table below, include the total amount of gross income estimated from each source for the **upcoming 12 months**. Be sure to include all people living in the home and/or listed on the deed/title. Include the following types of income:

- ❖ **Wages** and salaries, overtime pay, commissions, fees, tips and bonuses (calculated before any deductions)
- ❖ **Self-Employment** (net income)
- ❖ **Social Security** Benefits (including Medicare Insurance Premiums)
- ❖ **Annuities and Pensions, IRA Distributions, Periodic payments from insurance policies**, etc.
- ❖ **Disability or survivor benefits, unemployment, and worker's compensation**
- ❖ Periodic payments to your household from a **trust**.
- ❖ Net income for **renting** property to someone.
- ❖ **Alimony and child support** payments
- ❖ **Department of Human Services assistance** (FIP, Medicaid Assistance, Title 19, etc.)

Income Sources: Complete Name & Address of income source (for third party verification)	Income Earner	Amount Per Year
Company: Address: Fax # (if employer):		\$_____/yr
Company: Address: Fax # (if employer):		\$_____/yr
Company: Address: Fax # (if employer):		\$_____/yr
Company: Address: Fax # (if employer):		\$_____/yr

Income Limits by number in household*:

- ◇ 1-person household \$22,200 ◇ 4-person household \$31,700
- ◇ 2-person household \$25,400 ◇ 5-person household \$34,250
- ◇ 3-person household \$28,550 ◇ 6-person household \$36,800

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* Income Limits are subject to change.

Cash Asset Information

Please list liquid cash assets such as cash, checking account, savings account, CD's, money market account(s), and marketable stocks. (Liquid cash assets are limited to no more than \$25,000.)

Liquid CASH Assets	Balance/ Amount	Financial Institution	Address
Cash	\$		
Checking	\$		
Savings	\$		
Other: _____	\$		
Other: _____	\$		

Did you dispose of assets (cash, investments, rental property, etc.) below market value or give them away during the past two years?

- No
 Yes. If yes, please explain. _____

Social Security Number

Please list the Social Security Number(s) of Adult(s) Residing In the Home and/or Listed On The Deed

Adult's Name(s)	Social Security Number

How did you learn of the Home Repair Program? (flyer, Facebook, web browsing, Elderbridge, Community Action, friend, etc.)?



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AGREEMENT, RELEASE & CERTIFICATION

Agreement

As an applicant to the NIACOG Housing Trust Fund, I (we) understand and agree to the following:

1. I(We) understand that projects are subject to the availability of funds. I further understand that I cannot apply for funds if I have an outstanding lien with the NIACOG Housing Trust Fund for a previous project.
2. I(We) hereby state that the home is my (our) primary residence.
3. I(We) acknowledge that the assistance is provided in the form of a receding, forgivable loan. A lien will be placed on the property for a five-year period. Payments are not generally required on the loan; however, if I (we) sell the property within five years, the balance of the loan must be repaid to the program.
4. I (We) acknowledge that applicants must meet income eligibility criteria; the limits change periodically and that information provided will be verified with the income source (for example, an employer). PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001, provides: *"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies....or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."*
5. I(We) acknowledge that applicants are not guaranteed to receive assistance.
6. I(We) certify that all information in this application and all information furnished in support of this application for the purpose of obtaining assistance, is true and complete to the best of my (our) knowledge and belief.
7. The Applicant further certifies that he/she is the owner of the property described in this application.
8. The Applicant covenants and agrees that he/she will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252), the State of Iowa, and all applicable program rules. The Applicant agrees not to discriminate upon the basis of race, color, creed, sex or national origin in the use or occupancy of the real property rehabilitated with assistance of the community and other parties, public or private.
9. In the event that I am unsatisfied with the construction work, I agree to hold harmless both NIACOG and NIACOG Housing Trust Fund, Inc.
10. I hereby state that any loan on the property to be repaired/rehabilitated is current with payments, and I(we) agree to maintain homeowners insurance on the property unless specifically waived by the program administrator in accordance with the NIACOG Housing Trust Fund board policy.



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Release Of Information

I(We) authorize the North Iowa Area Council of Governments (NIACOG), including all documentation necessary to determine my (our) eligibility and application ranking for this program and complete the project. I(We) release NIACOG to obtain information regarding my (our) financial standings from government entities, asset holding institutions employers or others with whom I(we) have or will participate, and with other agencies as needed to complete the project.

Certification

I(We), the undersigned, certify that I(we) have read and understand the entire Applicant Agreement, Certification & Release forms and that the information in this application and all information furnished is true and correct and complete to the best of the Applicant's knowledge and belief. I (We) further certify that I (we) have disclosed or will disclose all current and anticipated income sources of all household members and all current and anticipated assets held by all household members, as required in this application.

Applicant(s):

Applicant Name (printed or typed)

Applicant Name (printed or typed)

Applicant Signature

Applicant Signature

Date

Date

Other Adult Household Member(s) (if any):

Applicant Name (printed or typed)

Applicant Name (printed or typed)

Applicant Signature

Applicant Signature

Date

Date



QUESTIONS: Please contact Myrtle Nelson with any questions. Her contact information is listed at the bottom of each page.

Printed on: March 9, 2017



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Attachments

Please attach the following documents to your application cover page.

1. **FEDERAL INCOME TAX RETURN:** A copy of your two (2) most recent year's *federal* income tax return include the entire return (attachments, W-2's, 1099's, etc.). The state return is not needed. **If you did not file an income tax return, please explain why you didn't.** _____


2. **INCOME DOCUMENTATION:** Documentation of all applicable sources and amounts of *income expected in the coming 12 months* such as:
 - Copies of 2 months of paycheck stubs showing gross pay, deductions, and year-to-date information
 - Social Security amount determination letter (if receiving social security income). If you do not have the letter on hand, you can obtain documentation by calling 1-800-772-1213 (7 a.m. – 7 p.m.) or on-line at www.socialsecurity.gov/myaccount
 - Statement showing pension receipts/disbursement amount(s)
 - Monthly child support documentation (such as a court order)
 - Stocks/Bonds/Annuity/IRA/CD's/Investment statements (showing current balance and any periodic payments to you)
 - Bank statement (all pages)

3. **MORTGAGE STATUS:** If a loan exists on the house to be repaired, please include documentation *from your banker/mortgage company* that shows whether you are current on your loan payments. If you have no home loan please initial here ____.

4. **DEED OR TITLE:** Deed or section from your abstract that shows a complete legal description of your property and verifies your ownership of the property.

5. **INSURANCE:** Homeowners insurance is required, unless the NIACOG HTF board waives this requirement for you; to receive a waiver you must be over 62 and/or disabled (receiving social security disability) and have an income that is less than 30% of Area Median Income. Please provide a document that shows that the property is insured. Check here to request a waiver _____.

6. **DISABILITY (if applicable):** If you are not receiving social security and you are not older than 62, you will receive priority status as a disabled person only if you provide proof of your disability from a medical doctor.



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